Claims Resolutions Manual



INDIANA HEALTH COVERAGE PROGRAMS

Chapter 11: Miscellaneous Edits 8000-9999

Revision History

Document Version Number	Revision Date	ReviSion Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	December 31, 1999	All	Updated edits and audits	Leanna Collisi and Brandy Ludlum
Version 4.1	March 2003	Various	New Edits: 8515, 9000, 9001, and 9661	Susan Mariutto
Version 6.3	October 2005	Various	Updated Edit 9000.	Leo Dabbs

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

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Section 1: Miscellaneous Edits 8000-8999

Overview

There is no categorization for miscellaneous edits. All of these edits are currently inactive.

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Edit: ESC 8515 This Claim Has Been Denied Due to a POS Reversal

Ī	Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
Ī	P,Q	00	All	Header	No	Yes	0

Disposition	P,Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
Adjustments	Deny

Edit Description

Fail this edit if the claim has been denied due to a POS reversal.

Edit Criteria

If the claim has been denied due to a POS reversal, fail this edit with EOB 8515.

EOB Code

8515 – Claim has been denied due to a POS reversal.

Method of Correction

N/A

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Revision Date: October 5, 2005 Version: 6.3

Section 2: Miscellaneous Edits 9000-9999

Overview

There is no categorization for miscellaneous edits. All of these edits are currently inactive.

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Edit: ESC 9000 The Submitted Charge Exceeds the Allowed Charge. Claim Paid at the IHCP Allowed Amount

Note: Edit 9000 revised October 5, 2005.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P,Q	00	All	Detail	No	No	0

Disposition	All	P, Q
00 Other	Pay	Pay
22 Shadow	Pay	Pay & List
52 Shadow Replacement	Pay	
53 Shadow Claims Void	Pay	

Edit Description

Fail this edit if the submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount.

Edit Criteria

The submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount, fail this edit with EOB 9000.

EOB Code

9000 – The submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount.

ARC Code

94- Processed in excess of charges.

Remark Code

N45- Payment based on authorized amount.

NCPDP Reject Code

DQ – Missing/Invalid Usual and Customary.

Method of Correction

N/A

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Kevision Date: October 5, Version: 6.3

Edit: ESC 9000 The Submitted Charge Exceeds the Allowed Charge. Claim Paid at the IHCP Allowed Amount

Ī	Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
Ī	P,Q	00	All	Header	No	Yes	0

Disposition	P,Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
Adjustments	Deny

Edit Description

Fail this edit if the submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount.

Edit Criteria

If the submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount, fail this edit with EOB 9000.

EOB Code

9000 – The submitted charge exceeds the allowed charge. Claim paid at the IHCP allowed amount.

Method of Correction

N/A

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Revision Date: October 5, 2005

Edit: ESC 9001 Indiana Health Coverage Programs Reimbursement Reduced by the Member's Copayment

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P,Q	00	All	Header	No	Yes	0

Disposition	P,Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
Adjustments	Deny

Edit Description

Post and pay this edit if the IHCP reimbursement reduced by the member's copayment.

Edit Criteria

If the IHCP reimbursement reduced by the member's copyament, fail this edit with EOB 9001.

EOB Code

9001 – IHCP reimbursement reduced by the member's copayment.

Method of Correction

N/A

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Edit: ESC 9002 Reserved for Future Use

Claim Typ	e Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description

Edit Criteria

EOB Code

Method of Correction

Library Reference Number: CLRE10001

Revision Date: October 5, 2005

Edit: ESC 9634 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description

Edit Criteria

EOB Code

Method of Correction

Library Reference Number: CLRE10001

Revision Date: October 5, 2005

Edit: ESC 9661 POS Reversal Processing Deferred During **Financial Cycle**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P,Q	00	All	Header	No	Yes	0

Disposition	P,Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
Adjustments	Deny

Edit Description

Fail this edit if POS reversal deferred during financial cycle.

Edit Criteria

If POS reversal processing deferred during financial cycle, fail this edit with EOB 9661.

EOB Code

9661 - POS reversal processing deferred during financial cycle.

Method of Correction

N/A

Revision Date: October 5, 2005

Edit: ESC 9991 Refund Amount Less Than Adjusted Amount

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim	30	All	Header	No	No	0
Types Inactive						

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

Edit Description

Edit Criteria

EOB Code

8000 - Provider requested full offset due to duplicate payment.

Method of Correction

Library Reference Number: CLRE10001 Revision Date: October 5, 2005

Edit: ESC 9992 Refund Amount Greater Than Adjusted Amount

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim	30	All	Header	No	No	0
Types Inactive						

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

Edit Description

Edit Criteria

EOB Code

8000 - Provider requested full offset due to duplicate payment.

Method of Correction

Library Reference Number: CLRE10001

Revision Date: October 5, 2005

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